

TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.

1. PAYMENT						SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.																					
Electronic Fund Transfer (EFT)													Payment by Check		Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor:									\$			
2. NAME (Last, First, Middle Initial) (Print or type)										3. GRADE				4. SSN				5. TYPE OF PAYMENT (X as applicable) <div style="float:right; margin-top:-20px;"><div><input type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s)</div><div><input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA</div></div>									
6. ADDRESS. a. NUMBER AND STREET						b. CITY				c. STATE				d. ZIP CODE													
e. E-MAIL ADDRESS														10. FOR D.O. USE ONLY													
7. DAYTIME TELEPHONE NUMBER & AREA CODE						8. TRAVEL ORDER/AUTHORIZATION NUMBER				9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES				a. D.O. VOUCHER NUMBER													
														b. SUBVOUCHER NUMBER													
11. ORGANIZATION AND STATION														c. PAID BY													
12. DEPENDENT(S) (X and complete as applicable)										13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)				d. COMPUTATIONS													
ACCOMPANIED						UNACCOMPANIED																					
a. NAME (Last, First, Middle Initial)						b. RELATIONSHIP				c. DATE OF BIRTH OR MARRIAGE																	
15. ITINERARY																											
a. DATE		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)										c. MEANS/MODE OF TRAVEL		d. REASON FOR STOP		e. LODGING COST		f. POC MILES									
DEP																											
ARR																											
DEP																											
ARR																											
DEP																											
ARR																											
DEP																											
ARR																											
DEP																											
ARR																											
DEP																											
ARR																											
DEP																											
ARR																											
DEP																											
ARR																											
DEP																											
ARR																											
DEP																											
ARR																											
DEP																											
ARR																											
DEP																											
ARR																											
DEP																											
ARR																											
DEP																											
ARR																											
DEP																											
ARR																											
DEP																											
ARR																											
DEP																											
ARR																											
DEP																											
ARR																											
DEP																											
ARR																											
DEP																											
ARR																											
DEP																											
ARR																											
DEP																											
ARR																											
DEP																											
ARR																											
DEP																											
ARR																											
DEP																											
ARR																											
DEP																											
ARR																											
DEP																											
ARR		</																									

(Continuation Sheet)

OF

PAGES

4. NAME (Last, First, Middle Initial) (Print or type)

3. FOR D.O. USE ONLY

[illegible]

18. REIMBURSABLE EXPENSES

[illegible]

19. GOVERNMENT/DEDUCTIBLE MEALS

a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS

29. REMARKS